

Incident Report

Personal Information (Complete all that apply)					
Person Name	Supervisor Name				
Personnel Classification	ulty 🗆 Student 🗆 Other				
College/Program/Unit					
Occupation	Experience/yr. of study				
NSID Phone	Email				
Supervisor Phone	Email				
Was professional medical attention required? \Box	Yes 🗆 No 🗆 N/A				
Were there any witnesses?] N/A				
Witness	PhoneEmail				
Incident Description (What Happened) – give as much	detail as possible including the nature of any injuries				
Date Time	Location				





Contributing Factors	What caused it) – why	do yo	ou think this	happened? A	Any additional	comments?
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Actions Taken (What was done) - what actions were taken to respond to the incident and/or prevent it from recurring?

Signatures – please sign and date the report	
Person Involved	Date
Reporter (if different)	Date
Supervisor	Date
 First Aid Medical Aid Near Miss Property Damage Motor Vehicle Environment Other ncident Classification	Equipment Damage
□ Low Risk □ Medium Risk □ High Risk □ Dangerous Occurrence Comments	